

California Postsecondary Education Commission
Improving Teacher Quality State Grants Program

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PROGRESS REPORT

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Institution/Agency Name _____

Project Title _____ Project Number _____

Submitted by _____

Covering activities from _____ through _____

(Please limit report to a total of five, single-sided pages.)

1. Describe the primary activities carried-out during this reporting period.
2. Describe any changes from the original proposal and why the changes occurred.
3. Describe materials developed.
4. Describe any unanticipated events and/or outcomes.
5. Please provide number of actual and/or anticipated participants directly served through September 30, 2004.

Less than college	_____
Pre-Service	_____
Principals	_____
Parents	_____
Other (specify, please):	_____
_____	_____
_____	_____
_____	_____

Current K-12 teachers	_____
Less than 3 years	_____
More than 3 years	_____
Provisional/Emergency	_____
Credentialed	_____
Certified in Field	_____

- *Please make a copy; complete and fax to Tammie Denyse at (916) 323-4016.*

DUE DATE EXTENDED: June 15, 2004